

Massachusetts Registry of Motor Vehicles (RMV) Title Division Complaint Form

Use this Form to report a lienholder's violation of Chapter 243 of the Acts of 2004, for failure to release a lien and Title upon full payment in satisfaction of the security interest. (Must be released within three (3) days after demand and, in any event, within ten (10) days and forwarded to the dealer, insurer, or vehicle owner.)

1. Vehicle Description:			
MakeModelYear	Title No State of Issue		
Vehicle ID No/////////	_////		
2. To be Completed by a Dealer or Insurer Who Acquired the Vehicle with an Outstanding Loan:			
Dealership/Insurer Name	Tel No		
Street Address	Mail Address:		
City/Town	State Zip Code		
Contact Person			
3. To be Completed by the Vehicle Owner Who Made Final Pa	ayment on the Loan:		
Name of Vehicle Owner	Tel No		
Street Address	Mail Address:		
City/Town	State Zip Code		
4. Lienholder Information:			
Name of Lienholder	Tel No		
Street Address	Mail Address:		
City/Town	State Zip Code		
Contact Person	Account No		
5. Payoff Information:			
a) Amount tendered as payment-in-full \$			
b) Was this the total amount owed? Yes No			
c) Date payment sent			
d) Did you request delivery of Title? Yes No			
e) Method of Payment Used (Check one only):	eller's check ☐ Certified check ☐ Cashier's check		
☐ Intra-bank or inter-bank transfer of funds ☐ Electronic tran	nsfer of funds		
f) Address Where Payment Sent (If different from #4 above):			
g) Payment Delivery Information (If payment was <u>not</u> made electronically. Check one only):			
☐ Regular U.S Mail ☐ Overnight U.S. Mail ☐ Next Day Air			
□ Overnight delivery by private carrier (e.g. DHL, FedEx, UPS, etc):			
☐ Other Please include any Tracking No			

h) Have you had any contact with the lienholder since you sent the payment? Yes No				
If yes, and the contact was by mail, please provide a copy of any letter, fax, e-mail or form sent or received. If the contact was by telephone, please describe the number called (if by you), whom you spoke with, the date(s) of the conservation, the substance of the conversation, and any followup action you or the lienholder may have taken as a result of that contact. Please include as much detail as possible.				
i) Have you received the released Title as of the d	ate of this Complaint? Yes	No Date of Recei	pt	
If available, please include a photocopy of any letter or form you sent to the lienholder with the original payment and a copy of the original form of payment (check) if not paid electronically, and copies of the documents listed in 5. h) to or from the lienholder, and a copy of the title if receceived.				
Your Printed Name	Your Signature		Today's Date	

Thank you. Please return the completed Complaint Form and photocopied documents to:

Director, Title Division Registry of Motor Vehicles P.O. Box 55885 Boston, MA 02205-5885